

of medical practice and obscured by the professional philosopher's obsessional and entirely proper concern for possible counter-arguments to his thesis – these are certainly avoided in the dictionary, which, in general, gives important practical information and simple and straightforward summaries of the ethical arguments, usually with a short list of relevant references. However the corresponding disadvantages of the 'British approach' are sometimes manifested in this volume – namely an excessive concern with the practicalities at the expense of theory, and an inadequate concern with counterargument.

So far as the former is concerned, one helpful approach adopted by the editors which might be used more often is exemplified by the entry under 'Embryo transfer and re-plantation'. Here a scientist writes about the scientific aspects of the subject, a clinician about the clinical aspects and a philosopher or, as in this case, a moral theologian, about the ethics. So far as inadequate concern with counterargument is concerned most entries undoubtedly indicate at least the bones of the relevant conflicting arguments and give references to representative literature. Not all the entries however can be credited with outlining the strongest arguments for alternative viewpoints or with giving representative references for counterarguments to the writer's own thesis. Thus the entry on psychosurgery, while it has a well-reasoned account of the arguments in favour of the modern British practice of psychosurgery, gives scant regard to the counterarguments, either in the text or in the references. Contrast this with the entry on euthanasia, which although it is also written from a straightforwardly partisan viewpoint (opposing voluntary euthanasia) nonetheless provides some opposing argument to the author's views, as well as references to both sides of the controversy. Perhaps before the next edition of the dictionary appears authors might be reminded of the need to outline impartially the main arguments which relate to their topic and to give appropriate references to these arguments, regardless of the view defended in the dictionary entry.

Another shortfall which seems important is the lack of entries concerning moral philosophy in

general, as distinct from medical ethics in particular. Medical ethics cannot properly be divorced from ethics, and a dictionary of medical ethics seems strangely incomplete when it contains so few entries related to the standard components of moral philosophy. Thus there are no entries on the various theories of ethics, not even on utilitarianism, or more generally on consequentialist theories of ethics, and not even on deontological theories of ethics (though Kant does get a mention in a useful, if very brief, article on moral autonomy). Clearly there is no room in such a dictionary for a textbook on moral philosophy – but need this limitation of space really exclude short introductory articles on important theories of ethics, on important controversies in moral philosophy (eg determinism/freewill; the is/ought question; sources of morality, including psychological theories of morality; scepticism) and on some of the basic moral concepts such as right, wrong, good, evil, virtues, duty, conscience, freewill, person, happiness, fairness, equality, justice, value, supererogation? Such concepts are surely fundamental to a study of medical ethics.

All these suggestions are offered in a spirit of constructive criticism of what, it should be emphasised, is already an admirable volume. As it stands the dictionary provides a readable introduction, with brief, lucid, informative, simply written, and for the most part, fair entries to most of the issues of medical ethics. It is the sort of book that can as well be consulted in the surgery (with or without the patient) as it can be dipped into before the light goes out at night. That is a remarkable achievement. But some more moral philosophy would, I think, make it even better.

RAANAN GILLON

The Ceremonial Order of the Clinic: parents and medical bureaucracies, P M Strong. Routledge and Kegan Paul, London, Boston and Henley, 1979, pp 267, £8.95.

This is an important book: first because it is a careful analysis of over a thousand observations in children's clinics mostly in the NHS in Scotland, but some in the US;

second, because it relates the detailed analysis of these interactions to the wider society taking account of their material base, their political underpinning, their basis in organised knowledge and in the social order of the generations and to a lesser extent to the gender order; third, because it makes valuable additions to sociological understanding, particularly developing some of Goffman's ideas; finally, because it has some important implications for policy. In all of this a number of important ethical issues are revealed.

While using technical language when essential for his analysis, and including a valuable chapter on methodology, Strong writes for the most part in a straightforward and accessible manner. He analyses the consultations observed according to their social forms or, technically their *role formats*. These are, 'not structures which totally determine action, but are instead routinised, culturally available solutions which members "use" to solve whatever problems they have in hand' (p 13). The formats are not altogether *ad hoc*. They are constrained by other surrounding social relations and they become institutionalized. Their form derives in part from negotiations which may have taken place originally a long time ago, but of which the users are quite unaware. At the same time, participants create new forms 'taking bits from here and there and combining them as it suits' (p 194).

Strong isolated four types of role formats: bureaucratic, charity, clinical and private. The latter occurs when medicine is in the market place, as is typical in the US; the clinical format occurs in discussions among professionals; the charity format was observed only once and was characterised by the doctor making moral judgments about the patients' mothers, denigrating them and attempting to reform their moral characteristics. In contrast, in the bureaucratic format, which Strong found overall to be the most common despite the wide variety of settings he observed and which therefore forms the main part of the analysis, no 'character work' was done. In this format the mothers were idealised, it was assumed they acted in the best interests of their children, that it was utterly natural and therefore unquestionable that this should be so although a few mothers who were

thought to be a danger to their children lost these rights. There was almost universal idealisation of the medical competence and technical authority of the staff. The doctors strove to be polite to the parents, to avoid aggression, ignore inconsistencies, to avoid condemnation whatever their suspicions. The mother's competence was not seen to lie in knowledge, but in seeking and deferring to expert advice. It was the doctor who controlled the agenda. An alliance was created between staff and parents in the interests of the children, which like maternal care and medical competence was also idealised. This alliance, however, was based on an assumption of medical expertise and parental ignorance, and was characterised by some lack of frankness on the medical side. Modifications occurred where parents had special knowledge, but where these changes were within the bureaucratic format, they did not override it. While parents were accorded joint expertise in the alliance, they were at the same time devalued and had problems in knowing how to express their anxieties about their children, to find a place for them in the agenda of the consultation. Problems discussed were confined to those of medical interest; thus problems encountered in the development of normal children were not on the agenda. The medical control of the encounter was reinforced by the patient's file, which constituted an alternative and medically warranted account to the parents' account, and by the presence of a medically subordinate audience. Teaching, however, made fundamental changes in the nature of the consultation and Strong proposes that this is sufficiently serious for thought to be given to organising teaching differently.

Drawing on evidence from other studies, Strong concludes that the bureaucratic format is widely used, although there are inevitable modifications where patients are adults rather than children since the latter are not held responsible for their actions as adults are. Strong confirms medical dominance, but points to the balance of medical gentility.

At a time when proposals to introduce an insurance-base to the national health service are being mooted, the comparison of observations in the US and the UK is particularly valuable. The US

system, essentially in the market place, leads to a different doctor-patient relationship in which patients 'shop around' and doctors not only spend more time giving information to and also flattering patients, but 'sell themselves' including by adverse comment on other physicians; something which is 'not done' in the bureaucratic format. The lack of medical competition is closely associated with the NHS mode. In the tax-based system consultations were more hurried, impersonal and uninformative with less choice accorded to the patients, and their rights in these matters not clearly presented to them. But 'the Health Service, for all its defects, is a major triumph for the patient too (who) can get a standard of care that before was only available to the wealthy, and, at the same time, can retain many of those same rights to polite treatment, privacy and choice that were previously only guaranteed to private practice. And things might not have been so. Patient power is the only sure road to medical gentility' (p 220). Although Strong makes excessively simple comments about the political control of doctors in the NHS, nevertheless, his argument that bourgeois medicine has triumphed, is well made.

Strong's book should be read by sociologists and by medical practitioners and administrators. Sociologists, in addition to the substantive data, will find the concluding discussion of Johnson, Parsons, Navarro and Freidson interesting. The discussion of policy implication is brief, but thought-provoking. Although Strong underestimates the sacred component in consultation which only in limited circumstances is like shopping or other daily errands, his analysis is particularly valuable in helping us to understand how the upshot of consultations is determined by the general political, social and economic shape of society, by the organisation of medical knowledge and of the medical profession and by the maintenance and encouragement of dependency in the parents.

MARGARET STACEY

The Social Challenge of Ageing,

Edited by David Hobman, Croom Helm, 1980, pp 286, £8.95.

The book edited by the indefatigable Director of Age Concern (England)

is like many of its class, good and bad. With contributions from ten individuals it can hardly fail to be so.

The chapter by Havighurst on 'Ageing in Western Society' is a well written account of the demographic and social changes which have affected the elderly as individuals and as a group in recent decades. More interesting, however, is the chapter from Japan on 'Eastern Society' which gives us a glimpse of the very different customs and problems there. One Western gerontologist on being told that three out of four old people live with their children in Japan was inspired to ask 'Why do you have to study our social services then?' A good point which is mainly answered by the great speed of change in the proportion and disposition of the elderly in Japan.

The chapter on 'Ageing and the Environment' is much less satisfactory and is in my opinion far too specialised and full of jargon for the type of reader likely to dip into this book. I doubt whether more than a very few readers would manage to stagger through to the end of this contribution!

The chapter on 'Education' is, however, useful and interesting and gave me a number of new thoughts on this field including the rather odd notion from Kosberg that by discussing successful ageing with students we may put them off and instead we should be concentrating all the time upon problems and more problems! To my way of thinking the reverse is likely to be true.

There is a chapter on Health from Professor Brocklehurst which gets off to a flying start but ends rather lamely with somewhat scrappy notes under the usual headings - have we not all been guilty of this tailing off phenomenon?

It is also a little difficult to understand why the 'sense organs, particularly the eyes', should be discussed under the heading of 'The Joins'.

Tony Whitehead has produced a well written account of 'The Ageing Mind' which will be eminently readable to a wide range of readers and a similarly competent discussion deals with spiritual aspects.

In general I feel that it is a moderately useful book for the generally interested enquirer. Some serious imbalance in amount of specialist data and too frequent irritating spelling errors.

J WILLIAMSON